

Member's Soc. Sec. No.:

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08/08

Member's Name: _____

MEMBER AND EMPLOYER CERTIFICATION REGARDING REEMPLOYMENT

MEMBER CERTIFICATION

Subject to the penalty of perjury, I certify that:

1. I am receiving or have applied to receive a retirement benefit from one of the retirement plans administered by the Kentucky Retirement Systems.
2. Check one:
 - a. _____ *I **DID NOT** have a prearranged agreement prior to retirement to return to work in any capacity after retirement with an employer participating in the Kentucky Retirement Systems.*
 - OR**
 - b. _____ *I **DID** have a prearranged agreement prior to retirement to return to work in some capacity after retirement with an employer participating in the Kentucky Retirement Systems.*
3. If I did have a prearranged agreement prior to retirement to return to work after retirement with an employer participating in the Kentucky Retirement Systems, I have fully disclosed in writing to Kentucky Retirement Systems the details of that agreement. I understand that any prearranged agreement could result in the voiding of my retirement benefit and I could incur significant tax penalties.
4. I understand that I have a duty now and in the future to disclose in writing to Kentucky Retirement Systems my employment in any capacity with an employer participating in the Kentucky Retirement Systems.
5. I understand that I have a duty now and in the future to disclose in writing to Kentucky Retirement Systems if I have accepted employment under a personal services contract (including as an independent contractor) with an employer participating in the Kentucky Retirement Systems.
6. I understand that I have a duty now and in the future to disclose in writing to Kentucky Retirement Systems if I have accepted employment with a private leasing company, temporary staffing agency, or any other company and that employment means that I will perform work for an employer participating in the Kentucky Retirement Systems.

I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to the penalty of perjury in accordance with KRS 523.010, et seq.

Date

Member Signature

EMPLOYER CERTIFICATION

(To be completed by an Employer participating in the Kentucky Retirement Systems)

Subject to the penalty of perjury, I certify that:

1. My name is _____. I am the agency head, appointing authority, or authorized designee of the employer participating in Kentucky Retirement Systems, which will be the employer of the above-named member.
2. Check one:
 - a. _____ *I have made personal inquiry and confirmed that my agency **DID NOT** have a prearranged agreement prior to retirement with the above-named member to return to work in any capacity following the member's retirement.*
 - OR**
 - b. _____ *I have made personal inquiry and confirmed that my agency **DID** have a prearranged agreement prior to retirement with the above-named member to return to work in some capacity following the member's retirement.*

I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to the penalty of perjury in accordance with KRS 523.010, et seq.

Date

Employer Signature

Title